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Teacher Acceptability of Curriculum Based Measurement as a Universal Screener in Reading

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TEACHER ACCEPTABILITY OF CURRICULUM BASED MEASUREMENT AS A

UNIVERSAL SCREENER IN READING

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A Thesis

Presented to

The Graduate Faculty

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In Partial Fulfillment

of the Requirements for the Degree

Education Specialist

School Psychology

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by

Brooke Adams

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CENTRAL WASHINGTON UNIVERSITY

Graduate Studies

We hereby approve the thesis of

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ABSTRACT

TEACHER ACCEPTABILITY OF CURRICULUM BASED MEASUREMENTAS A

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The purpose of this study was to extend the existing literature concerning teacher perception of acceptability of universal screening, specifically examining the use of Curriculum Based Measurements (CBM) as a universal screening tool in reading. Eighty-three first through fifth grade teachers from Washington State participated in an online survey utilizing the Acceptability Rating Profile – Revised (APR-R), a 6-point Likert scale measuring practitioner acceptability for a tool. The APR-R was revised to reflect the use of CBM measuring Oral Reading Fluency as a universal screener with response options ranging from 1 (strongly disagree) to 6 (strongly agree). In the present study an average item rating of 3.5 would indicate a neutral attitude toward the measure. Teachers who participated found Curriculum Based Measurements slightly acceptable as a method for identifying at risk readers. Specifically, the average item rating was 3.66 which falls between "disagree slightly" and "agree slightly." There were no significant differences between the ratings of teachers who chose to use this tool and those who were required to do so by school and district administrators.

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Last, but furthest from least, thank you to my thesis committee and professors at Central Washington University. I appreciate the time and energy you have invested in me, cultivating the knowledge and skills I need to be a school psychologist. Specifically, thank you Dr. Marrs; your guidance and support throughout this process has been invaluable.

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CHAPTER I

INTRODUCTION

There are a significant number of children experiencing academic difficulties in the United States. According to the National Center of Educational Statistics (NCES, 2017), in 2017 40% of fourth grade students performed at or above the proficient level on mathematics and only 37% of fourth grade students performed at or above the proficient level on the reading assessment. This indicates that only 40% of the nation's 4th graders demonstrated solid academic competency in mathematics and even fewer demonstrated strong competency in reading.

There is currently a paradigm shift in the identification of students requiring academic support from the "wait-to-fail" service delivery model to Multitiered Systems of Support (MTSS). According to Albers, Glover, and Kratochwill (2007), in the "wait-to-fail model" students do not receive services until they have demonstrated academic failure or significant academic difficulties. The authors argue that alternatives to this model such as MTSS utilize the early identification of at-risk students and the provision of preventative measures and early interventions to minimize the risk of academic difficulty.

This shift is due in part to policymakers and educational stakeholders recognizing the limitations of the "wait-to-fail" model and the need for prevention, early identification of at-risk learners, and access to early interventions and data-based decision making. Universal screening is a key component of the identification of at-risk students. Rowe et al. (2014) defined universal screening as "the systematic testing of all students in

a classroom, school or district on a particular academic skill" (p. 307). According to

Jenkins, Hudson, and Johnson (2007), universal screeners consist of brief probes with a

focus on key skills with high predictive validity of later academic outcomes.

The majority of research regarding universal screening has focused on the

technical adequacy of screeners such as Dynamic Indicators of Basic Early Literacy

Skills (DIBELS) and Curriculum Based Measurements (CBM) (Hoffman, Jenkins, &

Dunlap, 2009; Rowe et al. 2014). According to Deno (2003), Curriculum Based

Measurement (CBM) is a method of assessing students' basic skills that was originally

developed for use in special education. It was designed to examine the utility of the

intervention model and data-based program modification. Since then, the use of CBMs

has expanded to the general education setting for a wide variety of purposes. Deno (2003)

described several common uses of CBMs including modifying individual instruction,

predicting performance on high-stake assessments, improving teacher instruction,

creating norms, improving communication, universal screening, evaluating interventions,

and determining eligibility for special education.

While the use of CBMs as a universal screener is widely accepted in the literature,

there has been little research evaluating educators' acceptability and perspectives on the

matter. Teachers in the field are responsible for the implementation of this practice.

Therefore, the focus of this paper will be to bridge the gap between research and practice

by examining teachers' perspectives on the use of CBMs as a universal screener.

CHAPTER II

LITERATURE REVIEW

Shift to MTSS/RTI

According to Stoiber (2014), there is an increase in the acceptance and
recognition of the utility of Multitiered Systems of Support (MTSS) in schools
throughout the nation. The author defined MTSS as "a multicomponent, comprehensive,
and cohesive school-wide and classroom-based positive support system through which
students at risk for academic and behavioral difficulties are identified and provided with
evidence-based and data-informed instruction, support and intervention" (p. 45). This
education reform is due in part to key pieces of legislation. For example, the No Child
Left Behind Act of 2001 (NCLB) endorsed early identification of at-risk students via
screening, prevention, and early interventions. In 2004, the Individuals With Disabilities
Education Improvement Act (IDEA) was reauthorized to include allocated funding for
early identification, prevention, and early intervention. This also included provisions for
pre-referral services.

According to Brawley and Stormont (2014) another key piece of legislation is the
American Recovery and Reinvestment Act which passed in 2009. This legislation
allocated over four billion dollars for the Race to the Top grant. To receive awards from
this grant states were required to focus on several aspects of education reform. One of
these areas includes constructing data systems to measure student progress and
achievement, and using these results to inform instruction.

The legislation described above has allowed states to reconsider the acceptable methods for determining students eligible for special education services due to a specific learning disability (SLD). Previously, and in some states such as Washington, the current model in use is the discrepancy model. This model relies on using a discrepancy between the cognitive abilities of a student and their academic achievement as measured by standardized assessments. One major drawback of this model is that students are not eligible for services until they hit that discrepancy criterion, thus this model is commonly referred to as the 'wait-to-fail model' (Lyon, 2005, p. 141). Criticism of this model has led to an increase in the implementation of Response to Intervention (RTI).

RTI is a model for providing intervention as well as identifying students with a specific learning disability as eligible for special education services. It has recently gained popularity. According to the National Center on Response to Intervention (2010) the model "integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems" (p. 2). The essential elements of RTI include a multi-level prevention system, screening, progress monitoring, and data-based decision making. RTI is used to identify students as eligible for special education services for a specific learning disability by providing a continuum of supports and measuring their academic progress. Students are identified as eligible for special education services for a specific learning disability by their lack of response to the increased intensity of interventions (Rowe, 2014).

Universal screening is a key component of RTI and teachers are often required to conduct the screening. Because this practice may be new to the teacher, it is important to

evaluate their familiarity and comfort with the method. By examining the existing literature on the implementation of new procedures and related teaching practices, Spillane, Reiser, and Reimer (2002) identified practices that aid teachers in the successful adoption and implementation of new practices. They argued that teachers require extensive knowledge regarding the new practice in order for it to be effectively implanted. They also argued that this comprehensive understanding is often elusive and instead teachers often only develop limited understanding of the new practices they are asked to implement.

Because RTI is not successfully implemented by many school districts in many states, such as Washington, it is likely that many teachers are not familiar with the many practices that will be asked of them within the model. According to Greenfield, Rinaldi, Proctor, and Cardarelli (2010), teachers' perceptions of education reform initiatives are rarely considered in the systems change process. Because teachers are key stakeholders in the educational reform effort, the effectiveness of the initiative is at least partially dependent on their perspectives. Hargreaves (2005) argued that in order for educational reform to be more successful, administrators must examine how teachers' perceive and respond to the change.

Regan, Berkeley, Hughes, and Brady (2015) examined educators' perceptions of the implementation of RTI within their school district. This was a two-phase study, which first examined quantitative and qualitative items from a questionnaire created by the researchers. During this first phase teachers reported that the common components or practices found in RTI, such as progress monitoring, were attainable in their classrooms

and these practices were adequately implemented within their schools. However, they also reported a need for more knowledge and professional development to use these practices within the context of the RTI model. They also reported insufficient time in their schedules to accomplish this. During the second phase of study, the authors contacted participants who had indicated they would be willing to conduct a more extensive interview at the end of the phase one questionnaire. These same feelings of confusion about incorporating practices within RTI were again reported in phase two. Additionally, the participants reported insufficient "knowledge and skills necessary to use many of RTIs' critical components" (Regan et al., 2015, p. 244). These results confirm that considerable professional development is needed when implementing the RTI model. These results also indicate that educators believe in the feasibility of incorporating universal screening into their practice, even absent of the implementation of RTI.

Data Collection Perceptions and Practices

Brawley and Stormont (2014) examined educators' practices and perceptions with respect to data collection. Their research focused on the data practices in early childhood settings such as Head Start and public special education preschools. The authors received survey responses from 101 early childhood educators. The survey items covered five main areas: demographic information, methods, barriers, supportive factors, and the educator's perceptions about the practices included in data collection, data analysis, and data use. The primary findings in this research were that early education teachers rated their perceptions of the importance of data collection as statistically significantly higher than their perceptions of how frequently they engaged in the practice. The early

childhood teachers viewed most of the items related to aspects of data collection as important. The items that were most frequently identified as important included using data to make decisions about the program, using data for accountability, and using data for monitoring student progress both academically and behaviorally. Using data to inform decisions was rated most frequently by teachers, followed by using behavioral data for monitoring individual students. Collecting data for accountability purposes and using academic data for progress monitoring were also rated highly. The majority of the early childhood educators in the study reported using data for analysis and decision making as important. These results suggest educators perceive data collection as important but there are barriers to utilizing practices of data collection, data analysis, and data use.

Datnow and Hubbard (2015) reviewed the existing literature regarding how teachers use assessment data to inform their instruction. The authors focused their review on empirical studies conducted and published as data-based decision making gained popularity. They examined the various forms of assessment data teachers utilized, by what method teachers chose to analyze the data, and how this analysis influenced their instruction. The authors found that benchmark data is the type of assessment data primarily used by teachers. Datnow and Hubbard defined benchmark assessments as "those that evaluate student knowledge and skills in a limited time frame and can be easily aggregated across schools and classrooms" (p. 3). Examples of benchmark assessments include Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and STAR 360.

Additionally, Datnow and Hubbard (2015) identified several factors that influenced how teachers chose to analyze the data. These factors include school leadership, the organizational structure of data analysis, teacher capacity, and teacher beliefs. When reviewing the literature concerning how school leadership influences teachers' use of data they found that school principals and lead teachers play an important role in facilitating the use of data amongst educators and promoting a data-based culture. The context in which data analysis was conducted also shaped how the data was used. For example, the authors found that many schools attempted to support teachers' analysis of data by providing structured time to collaborate with their colleagues. Another factor that influenced teachers' use of data was their capacity to analyze the data. According to the literature, one national study found that only 43% of participating teachers reported they had been provided training on the analysis of state assessments and benchmark tests. Moreover, they reported the provided training was inadequate. According to Datnow and Hubbard, the majority of the literature reviewed demonstrated that teachers have had limited professional development or training regarding their analysis of data. This lack of training significantly hinders teachers' ability to analyze data and make informed decisions about their instruction. The last factor identified by the authors as informing teachers' data use was the teachers' beliefs about assessment. According to the literature, several studies have found that teachers typically viewed assessments as a tool for supporting students or as a disruptive measure with limited value. Lack of buy-in by teachers limits how teachers use data.

Teacher Preference and Acceptability of Data Practices

It is crucial to investigate specific barriers to teachers engaging in practices such as frequent data collection (e.g. universal screening), data analysis, and data dissemination because these are crucial elements of data-based decision making. One possible barrier to the implementation of data-based practices is low levels of treatment acceptability. Allinder and Oats (1997) argued that it is important to examine treatment acceptability because it is assumed that high social validity will result in high fidelity implementation. The authors listed several factors that can influence treatment acceptability including time and cost.

Allinder and Oats (1997) examined the influence of acceptability on teacher practice. Specifically, they investigated the relationship between rates of treatment acceptability and the implementation of math CBMs. In their study, 21 elementary special education teachers monitored two students' growth using math CBMs over a four-month time span. The authors examined student achievement in math computation, CBM acceptability, and adequacy of implementation. CBM math probes were used to measure student gains in math achievement. To evaluate CBM acceptability, the participants completed the CBM Acceptability Scale (CBM-AS). Adequacy of implementation was evaluated by five variables. The variables included the quantity of CBM probes administered, the ambitiousness of the rate of improvement goal set, the quantity in goal changes, the quantity of instructional changes, and the timing of these changes. To examine how teacher acceptability influenced CBM implementation and achievement, the participants were divided into two groups based on high acceptability or low

acceptability. The results indicated that teachers with high acceptability implemented the CBMs with greater fidelity. Specifically, CBMs were administered more often by teachers with high acceptability and these teachers set more ambitious goals for their students. Additionally, students of teachers who reported higher acceptability also had more growth in achievement as demonstrated by the slope of their rate of improvement. These findings indicate that teacher acceptability of data practices and measures significantly impacts the fidelity of implementation and student outcomes.

Teacher Efficacy

Dunn, Airola, Lo, and Garrison (2013), investigated how teachers' efficacy for data-driven decision making (DDDM) affected their concerns regarding the implementation of DDDM. According to the authors, it is well established that teachers' efficacy is a good predictor of their actions. In this study DDDM efficacy was defined as "teachers' beliefs about their abilities to successfully engage in classroom level DDDM" (Dunn et al., 2013, p. 223). The authors also examined specific components related to efficacy: efficacy for access to data and identification, efficacy for the use of data tools and technology, and anxiety related to DDDM. In order to investigate how these components related to one another and teacher collaboration concerns, the authors used a structural equation model to evaluate responses to online questionnaires completed by kinder-12th grade teachers. The participants had completed in-depth professional development in DDDM. The two questionnaires utilized were the 3D-ME and the SoCQ. Developed by the authors, the 3D-ME uses four subscales to evaluate efficacy for access to data, data identification, data technology, data interpretation, data evaluation, data

application, and anxiety related to DDDM. The authors used two scales, Collaboration

Concerns and Refocusing Concerns, to examine the teachers' disposition towards the

adoption and use of an innovation. The results supported the authors' hypothesis that

teachers' efficacy regarding the specific components of DDDM and DDDM anxiety

would impact their overall DDDM efficacy and subsequently impact their concerns about

collaboration. Furthermore, the authors hypothesized collaboration concerns would

impact the teachers' refocusing concerns regarding DDDM. Dunn et al. (2013) found that

teachers who had higher efficacy in DDDM also had higher collaboration concerns.

Furthermore, the results indicate that as teachers' anxiety regarding DDDM increased,

their DDDM efficacy decreased. Which in turn, increased their concerns of Collaboration

and Refocusing. These findings demonstrate the significant impact teacher anxiety about

new procedures, tools, and practices has and the importance of support during the process

of reform.

Allinder (1995) also investigated the impact teacher efficacy has on their data use

practices. The author examined how both personal efficacy and efficacy in teaching

affected educators' use of CBMs as a tool for progress monitoring and how that impacted

student achievement. Her findings suggest that educators who had high personal efficacy

in addition to high efficacy in teaching not only were more likely to increase the goals for

their students, but they also set goals that are more challenging for their students than

teachers exhibiting low efficacy. These practices of increasing the goals and setting high

goals had positive impacts on students' math gains. These results suggest that building up

the personal and professional efficacy of educators can influence their successful

implementation of data-based practices such as universal screening.

Universal Screening

As MTSS and specifically RTI have become more common in schools, so has

universal screening. According to Albers and Kettler (2014), the universal screening

process within education settings entails administering assessment measures or collecting

some form of data that permits comprehensive generalizations concerning individual

student outcomes and group level outcomes. VanDerHeyden (2013) stated that the

purpose of universal screening is to predict student success on annual performance

assessments and to identify students who need additional supports for academic success.

Previously, the identification of at-risk students relied on parent and teacher referrals.

During the 1970s and 1980s, researchers and practitioners working on CURRICULUM

BASED MEASUREMENTs were the first to conceive these data sets as a system for

universal screening. According to the author, during this period of time practitioners

making educational decisions had few resources of objective data from which they could

proactively identify at-risk students. Thus, a system of universal screening from a quick

probe of students' skills was a significant breakthrough for practitioners and educators.

While universal screening is an integral step in the data-based decision making

process of MTSS and RTI, there is limited research examining this phase specifically.

January et al. (2016) examined the use of CURRICULUM BASED MEASUREMENTin

Reading and word lists for emerging readers in first and second grade students. The

authors also evaluated the interpretations made from the universal screening data of the

257 participants. The results indicated that words lists in conjunction with CBM-R accurately identified at-risk readers.

VanDerHeyden, Witt and Gilbertson (2007) investigated the effects of implementing RTI on the identification and evaluation of students for special education services. The authors utilized a multiple baseline design to evaluate RTI implementation in five elementary schools within the district. The researchers investigated how RTI affected the quantity of special education evaluations, how many of evaluated children were found eligible for services, and the demographics of identified children. The results indicate that fewer evaluations were conducted but the rate of good evaluations increased. That is, the percentage of students evaluated who qualified as eligible for special education services increased. The results suggested that there did not appear to be a disproportionality issue among ethnic minority students evaluated before and after the implementation of RTI. However, there were significantly higher rates of males evaluated and qualified prior to the implementation of RTI. RTI decreased the disproportionate identification of males.

Card and Giuliano (2016) examined how universal screening effected the identification of low-income and minority within a gifted program. In this study, the participating school district implemented a universal screener for the gifted education program and compared the results to their previous method of identifying exceptional students. Implementation of the screening program produced an increase in the ratios of students with low social economic status and minority students. Procedures for the identification of gifted students relied on parent and teacher referral before universal

screening was introduced. Results indicated that Black students, Hispanic students, low-income students, English language learners, and girls were underrepresented in the parent and teacher referral system. These results suggest that universal screening identifies gifted students with diverse backgrounds more frequently than teachers and parents. These results indicate that RTI procedures including universal screening can improve the accuracy of evaluations and decrease disproportionate identification of populations by race and gender.

Of the existing research investigating universal screening, there are only a couple of studies specifically examining educators' perspectives on the practice. Because the responsibility of this task largely falls on classroom teachers, it is imperative to evaluate their thoughts and concerns regarding the practice. Hoffman, Jenkins, and Dunlap (2009), explored the purposes for which teachers used Dynamic Indicators of Basic Early Literacy Skills (DIBELS). DIBELS is an evidence based assessment system developed at the University of Oregon with the purpose of early identification of students needing additional support as well as the evaluation and modification of instruction. According to the authors, it is a widely used reading assessment. The authors utilized a mailed survey and in-person interviews to examine teachers' use of DIBELS and their perceptions of the strengths and weaknesses of the assessment. The participants included members of a state council of the International Reading Association. The most common use for DIBELS reported by teachers in the mail survey was identifying at risk students. The majority of the mail survey participants reported administering DIBELS as a universal screener to the entire class three times per school year. These results were comparable to

the interview data in which over 70% of the teachers reported using DIBELS for progress monitoring and 57% of interviewed teachers reported using DIBELS for diagnostic purposes. The results align with the intended purpose of DIBELS. Examination of teachers' perspectives of the strength and weaknesses of DIBELS yielded considerable variability. For example, teachers identified time as both an advantage and disadvantage of the assessment. Other advantages of DIBELS identified by participants included the identification of at-risk students and informing instruction. Additional disadvantages included the accuracy and meaningfulness of the assessment and the concern that the assessment does not assess comprehension adequately. These results suggest that DIBELS is commonly used as a universal screening tool, but teachers' perspectives of the practice is inconsistent.

Rowe et al. (2014) investigated educators' perceptions and feelings about utilizing CBM in Reading (CBM-R) as a tool for universal screening and progress monitoring. Participants of the first phase of the study included 164 teachers who completed an online Acceptability Rating Profile-Revised (APR-R) that was edited so that the wording reflected the use of CBM-R for universal screening and progress monitoring. The participants included elementary and intermediate teachers, grades 1-6, from three school districts in a Midwestern state. The schools recruited for participation were also participants in a statewide project. The project aided schools in implementing multitiered systems of support in reading and behavior. To be included in the project, the schools were required to administer CBM-R to all students. Rowe et al. (2014) also included schools that were not part of the initiative in their research.

The researchers selected schools for participation by utilizing multistage sampling as well as a blend of cluster and stratified sampling. The schools were divided into groups based upon their years of participation in the statewide initiative: 4 years, 3 years, 2, years, 1 year of participation, and zero years of participation. Selecting equal numbers of schools from each division preserved similarities across the overall sample. At each participating school, all teachers from first through sixth grade who taught reading in general and special education were recruited to participate in the survey.

Researchers then identified one school from each category and invited participating teachers to attend one of four focus groups. Of the seventy-two teachers invited to participate, twenty-two participated in the focus groups. Results from the survey indicated that teachers rated the use of CBM-R as a method of universal screening and progress monitoring as moderately to highly acceptable. On the APR-R the highest possible rating was 72 and the lowest was 12. Scores of 42 indicate the responder has a neutral attitude toward CBM-R. Teachers rated CBM-R for universal screening positively with an average APR-R score of 60.56.

The authors disaggregated the qualitative data from the focus groups into six main themes related to teachers' attitudes towards CBM-R. The first theme was aspects that affect the accuracy of CBM-R. According to the focus group data, teachers identified fidelity of administration and scoring of CBM-R as a predominant concern. The concerns within this theme included concerns related to characteristics of assessors, students, environment, and the reading passage and how these could influence the accuracy of the measure. The second major theme identified was resources necessary for CBM-R. Data

included in this theme was comprised of statements made by teachers regarding the extent of resources including time, people, training, etc., to administer the CBM-R. For example, some teachers commented that universal screening with the CBM-R saved them time because administration of longer assessments was no longer required. Additionally, remarks regarding the use of CBM-R as part of teacher evaluations comprised a theme within the focus groups. The majority of teachers were not in favor of this practice. Teachers also had both positive and negative comments on the influence of CBM-R on students. This category included comments on how the CBM-R affected students' emotions and motivation. Another major theme identified in the qualitative data included the use of data. This category incorporated statements regarding how teachers use the data from CBM-R for various purposes including decision-making, goal setting, and measurement. The last major theme identified in the qualitative data related to the limitations of CBM-R. This included teachers desire to use other measures and their own judgment. Further concerns were that the CBM-R did not correspond with instruction.

The findings of these studies provide unique insight into how teachers use and perceive tools regarding universal screening. While teachers appear to find the tools acceptable for this use they also identified several limitations such as resources, accuracy, and scope. It is crucial to expand the research of teachers' knowledge and beliefs about universal screening in addition to their current practices. The purpose of this study is to expand Rowe et al. (2014) by including teachers from a Northwest state to evaluate their acceptability of CBM-R as a tool for universal screening. RTI has not been widely implemented in Washington State, nor is it a commonly used model for identifying

students with specific learning disabilities. Identifying a tool for universal screening that teachers find highly acceptable may be the first step in reforming the current system.

Specifically, the researcher wanted to investigate whether teacher autonomy to select the measure for universal screening would be related with higher ratings compared to school or district mandated use of the measure.

The research questions are:

1. To what extent do teachers view CBM-R as an acceptable tool for universal screening?

2. Is universal screening district mandated, school mandated, or teacher-directed and does this affect teacher acceptability?

CHAPTER III

JOURNAL ARTICLE

TEACHER ACCEPTABILITY OF CURRICULUM BASED MEASUREMENTAS A

UNIVERSAL SCREENER IN READING

A significant issue in the delivery of Multitiered Systems of Support (MTSS) is

the acceptability of universal screening among teachers as they are the primary

implementers of this component. MTSS is a service delivery model for identifying

students requiring academic support that is gaining acceptance and recognition across the

nation (Stoiber, 2014). The National Center on Response to Intervention (2010)

considers universal screening an essential component of this model and defined it as

quick probes administered to all students within a grade to identify at-risk students. The

majority of research regarding universal screening has focused on the technical adequacy

of screeners such as Dynamic Indicators of Basic Early Literacy Skills (DIBELS) and

Curriculum Based Measurements (CBM) (Deno, 2003; Hoffman, Jenkins, & Dunlap,

2009; January, Ardoin, Christ, Eckert, & White, 2016; Jenkins, Hudson, & Johnson,

2007). While the existing literature supports the use of CBM as a universal screener,

there is little research evaluating educators' attitudes on the matter despite them largely

bearing the responsibility for the implementation of this practice. Therefore, the focus of

this study was to bridge the gap between research and practice by examining teachers'

attitude towards the use of CBM as a universal screener.

Educators Perspectives and Attitudes Regarding Universal Screening

Teacher acceptability of classroom assessments is an important topic of research

as schools move to MTSS. A key aspect of MTSS is the universal screening system

schools use to identify students who may need Tier 2 supports. However, there are few

studies specifically examining educators' perspectives on universal screening (Hoffman, Jenkins, & Dunlap, 2009; Rowe, Witmer, Cook, & daCruz, 2014). Because the responsibility for this task largely falls on classroom teachers, it is imperative to evaluate their thoughts and concerns regarding the practice. In a study of seven school personnel, including teachers serving students preschool through 4th grade, Hoffman, Jenkins, and Dunlap (2009) found that teachers used Dynamic Indicators of Basic Early Literacy Skills (DIBELS) to identify at-risk students and to monitor progress. Examination of teachers' perspectives of the strengths and weaknesses of DIBELS yielded considerable variability. For example, teachers identified time as both an advantage and disadvantage of the assessment. Other advantages of DIBELS described by participants included the identification of at-risk students and informing instruction. Additional disadvantages included the accuracy and meaningfulness of the assessment and the concern the assessment does not assess comprehension adequately. These results suggest DIBELS is commonly used as a universal screening tool, but teachers' opinions are mixed.

One of the most common screeners is Curriculum Based Measurement (CBM) in reading. Rowe et al. (2014) investigated educator's perceptions and feelings about utilizing CBM in Reading (CBM-R)-- specifically oral reading fluency (ORF)-- as a tool for universal screening and progress monitoring. One hundred sixty-four first to sixth grade teachers completed the Acceptability Rating Profile-Revised (APR-R) edited so the wording reflected the use of CBM-R for universal screening and progress monitoring. The schools recruited for participation were also participants in a statewide project aiding schools in implementing multitiered systems of support in reading and behavior. To be

included in the project, the schools were required to administer CBM-R to all students. Rowe et al. (2014) also included schools that were not part of the initiative in their research. Teachers rated the use of CBM-R as a method of universal screening and progress monitoring as moderately to highly acceptable. On the APR-R the highest possible rating was 72 and the lowest was 12. Scores of 42 indicate the responder has a neutral attitude toward CBM-R. Teachers rated CBM-R for universal screening positively with an average APR-R score of 60.56. The researchers then invited respondents to participate in a focus group. Teachers in the focus group noted positive aspects of CBM including tracking student growth and brevity. Several concerns were raised such as accuracy, adverse impact on students, required resources, and limitations of the measure.

The current study examined the acceptability of CBM-R. CBM-R refers to measuring students' oral reading fluency by having the student read a passage out loud and recording the total words read correctly (Deno, 2003). The findings of Hoffman et al. (2009) and Rowe et al. (2014) provide unique insight into how teachers use and perceive tools for universal screening. While teachers appear to find the tools acceptable for this use, they also identified several limitations such as resources, accuracy, and scope. It is important to further investigate teachers' knowledge and beliefs about universal screening in addition to their current practices. The purpose of this study was to expand Rowe et al. (2014) by including teachers from a Northwest state to evaluate their acceptability of CBM-R as a tool for universal screening. MTSS/RTI is less common in Washington State than in other states and it is not a commonly used model for identifying

students with Specific Learning Disability. Identifying a tool for universal screening that teachers find highly acceptable may be the first step in reforming the current system.

The current study also explored whether acceptability would be correlated with the selection of the tool being an administrator decision versus a teacher decision. Specifically, the researcher wanted to investigate whether teacher autonomy to select the measure for universal screening would be related to higher ratings compared to mandated use of the measure. The following research questions guided this study:

1: To what extent do teachers in Washington State view CBM-R as an acceptable tool for universal screening?

2: Is universal screening district mandated, school mandated, or teacher directed and does this affect teacher acceptability?

Method

Participants

Two thousand and twenty teachers were invited to participate in the study via email and eighty-three educators responded (response rate 4.1%). The participants were elementary general education teachers, special education teachers, and reading interventionist/specialists for grades first through fifth from school districts within Washington State. The majority of the participants were general education teachers (67.5%) and special education teachers (14.5%). Demographic information can be found in Table 1.

Table 1

Demographic Information of the Survey Participants (N=83)

Descriptive information	*n* (%)
Highest Education Level	
Bachelor's degree	24 (28.9)
Masters	17 (20.5)
Masters +30	37 (44.6)
Current Grade Level	
1	26 (31.3)
2	26 (31.3)
3	41 (49.4)
4	27 (32.5)
5	30 (36.1)
Current Teaching Position	
General Education	56 (67.5)
Special Education	12 (14.5)
Reading Interventionist/Specialist	6 (7.2)
Title 1	1 (1.2)
Other	4 (4.8)
School Location	
Urban	13 (15.7)
Suburban	35 (42.2)
Rural	31 (37.3)

Instruments

    Demographic Questionnaire. A demographic questionnaire was created for this study to measure variables such as education level, years of experience teaching, current teaching position, experience using CBM, and whether universal screening was mandated school-wide, district wide, or teacher directed.

    Acceptability Rating Profile – Revised (Eckert, Hintze, & Shapiro, 1999) with the revised wording by Rowe et al. (2014). The APR-R is a survey that evaluates a

practitioner's acceptability of an assessment tool. In the current study, the APR utilized the revised wording Rowe et al. used. The respondent was given a written description of the CBM-R measuring oral reading fluency and assessment situation. Next, the respondent completed a 6-point Likert scale measure of 12 items, with response options ranging from 1 (strongly disagree) to 6 (strongly agree). In the current study, an item was omitted due to coding error resulting in a measure of 11 items. In order to compare scores between the current study and Rowe et al. a mean item score was used for the total score.

Eckert et al. (1999) examined the psychometric properties of the APR-R. The internal consistency of the measure had a range of .94 to .99. The test-retest reliability was .82 to .85 across time spans of 1 month, 3 months, 6 months, and 12 months. Eckert et al. used confirmatory factor analysis to demonstrate construct validity of the measure. These statistics indicated the APR-R is a suitable measure of assessment acceptability.

Rowe et al. (2014) revised the wording of the original APR-R to reflect the use of CBM-R for universal screening. In their pilot study, Cronbach's alpha was .98. For the full study the internal consistency reliability estimates were .98. These results indicate the revisions to the wording did not significantly affect reliability of the APR-R. In the current study, Cronbach's alpha was .97.

Procedures

Each district within Washington State was assigned a number and then randomly selected using a random number generator. A total of 36 school districts were randomly selected. Nine districts were excluded because teachers' e-mail addresses were not available on the school website. Consequently, 27 districts were included in the present

study. For each school district, all general and special education teachers for grades first through fifth were asked to complete an online survey using the Qualtrics program through an email invitation. After one week a follow-up email was sent to those who did not respond.

Results

The majority of respondents reported doing some form of screening in their classroom (89.9%) and using CBM for universal screening (73.8%). The majority reported using CBM for universal screening in reading (77%) and over half indicated they were required to by either administrators within their building or within their district (72.1% for both). Among educators who did not use CBM, other forms of assessment was the most common choice for universal screening (18.1%), followed by teacher-made screeners (8.4%), and existing records (6.0%). The majority of respondents also reported receiving training in administering or interpreting CBM as a universal screener (43.4%), and some reported they maybe received training (7.2%). Given the option to use CBM or other methods for screening, most teachers would use CBM (57.4%). Table 2 includes CBM programs reportedly used by teachers.

Table 2

Curriculum Based Measurement Programs Used by Participants

Programs	*n* (%)
Aimsweb	3 (5.2)
DIBELS	13 (22.4)
Easy CBM	12 (20.7)
iReady	6 (10.3)
Star 360	7 (12.1)
Other	17 (29.3)

Teachers who reported their school was an RTI implementing school were asked to rate how well their school implemented the essential components of RTI. Only one teacher reported their school does not implement universal screening. No teachers reported their school does not implement progress monitoring or data-based decision making. Specific ratings can be found in Table 3.

Table 3

Teacher Ratings of Implementation of Response to Intervention Components

Component	Does Not Implement n (%)	Implements Somewhat Well n (%)	Implements Very Well n (%,)
Multi-level Prevention System	3 (8.3)	20 (55.6)	13 (36.1)
Universal Screening	1 (2.8)	13 (36.1)	22 (61.1)
Progress Monitoring		19 (51.4)	18 (48.6)
Data-Based Decision Making		15 (40.5)	22 (59.5)

Research Question 1: To what extent do teachers in Washington State view CBM-R as an acceptable tool for universal screening?

Table 4 includes means and standard deviations for specific items from both studies. In the survey, teachers rated the use of CBM-R as a universal screener as slightly acceptable with an average item rating of 3.66. This rating is between "disagree slightly" and "agree slightly." The average item rating in the Rowe et al. (2014) research was 5.03. Rowe et al. (2014) acknowledged that the sample was unique as it included teachers with comprehensive professional development and training on using CBM and the MTSS model as many participants were part of a statewide project to promote these practices. Because of this, there may have been bias towards high acceptability of CBM-R.

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Table 4

Universal Screening with Oral Reading Fluency Acceptability Ratings by Item

Item	*n* (Rowe et al.)	*M* (Rowe et al.)	*SD* (Rowe et al.)
This would be an acceptable assessment strategy for universal screening in reading	44 (148)	4.18 (5.22)	1.62 (1.05)
Most teachers would find this approach to assessment appropriate for identifying students in need of further assessment or intervention	44 (148)	4.43 (5.10)	1.37 (1.01)
This assessment should prove effective in identifying children who need additional instruction	44 (148)	4.25 (5.10)	1.5 (.97)
I would suggest the use of this assessment to other teachers	44 (148)	4.18 (5.05)	1.59 (1.00)
I would be willing to receive assessment results such as those described with a student transferring to my school district	44 (148)	4.68 (5.26)	1.38 (.92)
This assessment would be appropriate for a variety of children	44 (147)	3.93 (5.07)	1.72 (.98)
This assessment was a fair way to identify the children at-risk for reading failure	44 (147)	3.80 (4.86)	1.76 (1.08)
This assessment is reasonable to use schoolwide	44 (146)	4.05 (5.16)	1.61 (.98)
I like the procedures used in this assessment	44 (148)	3.84 (4.90)	1.6 (1.14)
This assessment was a good way to handle the child's problems	44 (147)	2.95 (4.90)	1.66 (1.08)
Overall, this assessment would be beneficial for all children	44 (148)	3.66 (4.76)	1.66 (1.18)

Note. Response options ranged from 1 (disagree strongly) to 6 (agree strongly). The present study's mean and standard deviations are compared to Rowe et al.(2014).

Research Question 2: Is universal screening district mandated, school mandated, or teacher directed and does this affect teacher acceptability?

Two independent sample *t* tests were used to test for possible significant differences in teacher acceptability of CBM as a universal screener if it was district, school, or teacher mandated. The researcher's hypothesis was that teachers who were mandated by the school or district administrators would have lower rates of acceptability. These findings suggest this is not the case. Teachers who were required by administrators within their district or building to use CBM as a universal screener ($M = 3.91$; $SD = 1.41$) did not have more positive or negative attitudes toward the assessment than teachers who were not required to use the tool ($M = 4.33$; $SD = 1.46$), $t(42) = -1.80$; $p = .43$. Surprisingly, there was also not a significant difference among teachers who would chose to use CBM ($M = 4.11$; $SD = 1.23$) and those who would choose other methods ($M = 3.81$; $SD = 1.40$) for universal screening, $t(29) = .63$, $p = .53$. Table 5 includes the means and standard deviations for these items.

Table 5

Means and Standard Deviations for Autonomy Related Items

Item	*n*	*M*	*SD*
CBM Required by Administrators	35	3.91	1.41
CBM Not Required by Administrators	9	4.33	1.46
Would Choose CBM Over Other Methods	18	4.11	1.23
Would Chose Other Types of Universal Screening	13	3.81	1.40

Exploratory Analyses

To further examine the data, an one-way ANOVA was conducted to see if special education teachers, regular education teachers, and reading specialists differed in their acceptability of CBM-R. Special education teachers had the highest ratings of acceptability ($M = 4.94$; $SD = .97$) compared to general education teachers ($M = 3.90$; $SD = 1.38$) and reading interventionist/specialists ($M = 2.38$; $SD = .76$). The overall ANOVA was significant ($F(2, 37) = 5.94$, $p = .006$). Comparison between groups indicated special education teachers had significantly higher rates of acceptability than reading interventionist/specialists ($p = 0.006$) with a large effect size (Cohen's $d = 2.87$). The difference in acceptability among general education teachers and special education teachers was not significant ($p = .166$). The difference between general education teachers and reading interventionists was also not significant ($p = .06$).

When comparing specific item means, the highest rated item by both Washington teachers in the present study and Midwest teachers in the Rowe et al. (2014) research (Table 4) was "I would be willing to receive assessment results such as those described with a student transferring into my school district" ($M = 4.68$; $SD = 1.38$ and $M = 5.26$; $SD = .92$), respectively. The lowest rated item by Washington teachers was "This assessment was a good way to handle the child's problems" ($M = 2.95$; $SD = 1.66$) and the lowest rated item according to Midwest teachers in the Rowe et al. (2014) research was "Overall, this assessment would be beneficial for all children" ($M = 4.76$; $SD = 1.18$). This may suggest educators have various concerns about the tool being appropriate, despite accepting CBM-R and recognizing it as a valid tool.

Discussion

These results may suggest many educators in Washington State conduct universal screening in their classroom and utilize CBM through various programs. Teachers in Washington State reported moderate acceptability of CBM-R as a universal screener (M = 3.66) compared to the high acceptability rated by teachers in the Midwest (5.03). The majority of educators reported they had received training on administering or interpreting CBM as a universal screener. However, the quality and frequency of this training was not assessed in the present study and this may be a factor in the lower rates of acceptability compared to the teachers in the Midwest study who had received comprehensive training in this practice. This may also indicate that providing educators with comprehensive and ongoing professional development with CBM may increase their acceptance of the measure. Differences in exposure to CBM and training in utilizing the tool within MTSS may have contributed to the lower rates of acceptability among Washington educators compared to Midwest teachers.

While many teachers (72.1%) are required to use CBM by either building or district administrators, most reported they would choose to use CBM even if they were not required to do so (57.4%). Teacher autonomy to select the measure for universal screening was not related with higher ratings compared to school or district mandated use of the measure possibly because teachers reported they would choose to use CBM or because they view it as the best available, yet imperfect tool.

Implications

Previous research has identified barriers to teachers engaging in data practices such as insufficient time and resources, insufficient professional development, and low treatment acceptability (Allinder & Oats, 1997; Brawley & Stormont, 2014; Datnow & Hubbard, 2015).Teachers who responded in the present study view CBM-R as a slightly acceptable tool for universal screening. More comprehensive professional development and provision of time and resources may yield higher rates of acceptability. A statewide initiative in Washington such as that utilized in the Midwest may be required to fully get teachers onboard with this measure.

Datnow and Hubbard (2015) also found that school leadership influenced teachers' data practices. There was not a significant difference in acceptability between teachers who were required to engage in universal screening with CBM versus those who were not and results indicate teachers are willing to use CBM. Thus, administrators may consider requiring this practice and then working on buy-in and acceptability.

Educators and administrators who consider themselves an MTSS implementing school may improve implementation by determining what essential components (multi-level prevention system, universal screening, progress monitoring, and data-based decision making) are implemented well and areas of improvement. The results from the present study (Table 3) suggest teachers perceive prevention as a weak area.

Future Research

One interesting finding from this study was the difference in acceptability of CBM between special education teachers and reading specialist/interventions with special

education teachers having higher rates of acceptability. According to a position paper released by the International Reading Association (2000), the main roles of the reading interventionist or specialist include instruction, diagnosis and assessment, and leadership. It is important to examine reading interventionists' attitudes towards a variety of assessment tools because they provide guidance to classroom teachers regarding the identification of struggling readers and engage in diagnosis and assessment directly. Specifically, it may be beneficial to investigate their opinions of CBM compared to other methods of universal screening. Because reading interventionists/specialists were a small proportion of the participants in this study, it is not clear if the low rates of acceptability represent a general consensus in the field.

It may be beneficial to expand on the present study by examining strengths and weaknesses of CBM perceived by teachers in areas where MTSS are not as widely accepted and utilized such as Washington State by collecting qualitative data from educators and comparing any themes to those found by Rowe et al. (2014).

Limitations

Limitations of the present study include sample size, low response rate, and coding error. Two thousand and twenty teachers were contacted via email and invited to participate in the study and eighty-three responded. This resulted in a response rate of 4.1%, possibly resulting in nonresponse bias. Specifically, there may have been a positive bias towards CBM as the majority of respondents would choose that measure over other methods of screening. According to the Office of Superintendent of Public Instruction (OSPI), there were 64,323 classroom teachers as of October, 2015. Thus, the present

sample size of 83 participants may limit the generalizability of the results. Those who

responded may be more invested in CBM. The last limitation of the study was an

incorrectly coded item, resulting in it being excluded from the present study. The specific

item was deleted from the survey to allow comparison with Rowe et al. (2014).

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APPENDIXES

APPENDIX A

Recruitment Letter

Dear Teacher,

I am a School Psychology graduate student at Central Washington University and am currently conducting research to complete my thesis requirement. I will be investigating teachers' acceptability of Curriculum Based Measurements as a tool for universal screening in reading.

If you wish to participate in this study:
Follow this link to the Survey:
${l://SurveyLink?d=Take the Survey}
Or copy and paste the URL below into your internet browser:
${l://SurveyURL}
You will be asked to complete an online survey through the Qualtrics platform. You will not be asked to disclose any identifying information such as your name. Therefore, participation in this study will be confidential. An online information page explaining the conditions of participation in the study will be included in the beginning of the survey.

Your participation in this study could benefit the field of education by providing valuable insight into teachers' attitudes and beliefs about universal screening. The Human Subjects Review Council (HSRC) at Central Washington University has permitted this study.

If you would like to discuss the study or if you have any questions regarding the study, please contact me at Brooke.adams@cwu.edu. Dr. Heath Marrs is my faculty supervisor at Central Washington University. He may be contacted at Heath.Marrs@cwu.edu or by phone at (509) 963-2349.

Sincerely,

Brooke Adams
School Psychology Graduate Student
Central Washington University
Brooke.adams@cwu.edu

APPENDIX B

Second Recruitment Letter

Dear Teacher,

Last week you were contacted to participate in a survey investigating teachers'
acceptability of Curriculum Based Measurements as a tool for universal screening in
reading.

If you wish to participate in this study:

Follow this link to the Survey:
${l://SurveyLink?d=Take the Survey}

Or copy and paste the URL below into your internet browser:
${l://SurveyURL}
If you would like to discuss the study or if you have any questions regarding the study,
please contact me at Brooke.adams@cwu.edu. Dr. Heath Marrs is my faculty supervisor
at Central Washington University. He may be contacted at Heath.Marrs@cwu.edu or by
phone at (509) 963-2349.

Sincerely,

Brooke Adams
School Psychology Graduate Student
Central Washington University
Brooke.adams@cwu.edu

APPENDIX C

Demographic Questionnaire

Information: Please read the following information about this research and select
"I accept" if you would like to participate in the study. You must be at least 18 years old
to participate. The purpose of this research is to learn more about teachers' attitudes and
beliefs about the use of CURRICULUM BASED MEASUREMENTs (CBM) as a tool
for universal screening in reading. If you choose to participate in this study, you will be
asked about your education and your opinion on the acceptability of CBM as a universal
screener. This online survey contains approximately 35 questions and will take
approximately 8 minutes to complete. Your participation in this study will provide
valuable insight into teachers' attitudes about this practice.
Your participation is completely voluntary and you can withdraw at any time. You are
free to skip any question you choose. You may withdraw from participating in the study
at any time by exiting out of the survey. You will not be penalized for declining to
participate. While some demographic questions will be asked (age, gender, level of
education, etc), you will not be asked to disclose any identifying information. Reasonable
and appropriate safeguards have been used in the creation of this online survey to
maximize the confidentiality and security of your responses; however, as with any online
related activity, it is never possible to guarantee complete privacy. You may ask
questions regarding the research by contacting Brooke Adams at
Brooke.adams@cwu.edu. You may also contact the Central Washington University
Human Protections Administrator if you have questions about your rights as a participant
or if you believe you have been treated unfairly. The HRSC office number is (509) 963-
3115.
- o I accept
- o I decline

1. Current teaching position
   - o General education
   - o Special education
   - o Reading interventionist/specialist
   - o Title 1
   - o Other

2. Highest education level
   - o Bachelors
   - o Masters
   - o Masters +30
   - o Doctorate

3. Total number of years teaching including the current year:
4. School location
   o Urban
   o Suburban
   o Rural

5. Select the grade levels you serve:
   o 1
   o 2
   o 3
   o 4
   o 5

6. Do you do any form of screening in your classroom?
   o Yes
   o No

7. Please describe the screening you do in your classroom.

CURRICULUM BASED MEASUREMENT(CBM) is defined as a brief probe of student performance on a specific academic skill from the curriculum with the purpose of predicting student performance on long-term goals. Universal screening is defined as systematic assessment of all students' performance on a specific academic skill within a classroom, school, or district.

8. Do you use CBM for universal screening in reading?
   o Yes
   o No

9. Are you required to use CBM for universal screening by your school administration within your building?
   o Yes
   o No

10. Are you required to use CBM for universal screening by your school administration within your district?
    o Yes
    o No

11. Do you use CBM for universal screening in your classroom?
    o Yes
    o No

12. If you do not use CBM, what types of measures do you use for universal screening? (Check all that apply)
    o Teacher-made screener
    o Existing records
    o Other _____

13. Have you ever received training in administering or interpreting CBM as a universal screener?
    o Yes
    o Maybe
    o No

14. If you were not required to use CBM for universal screening by school administration would you use CBM or other methods for screening?
    o CURRICULUM BASED MEASUREMENT
    o Other types of universal screening

15. If your school engages in screening does your school use any of the following CBM programs?
    o Aimsweb
    o DIBELS
    o Easy CBM
    o iReady
    o Star 360
    o Other_____

16. Total number of years experience using CBM including the current year:

17. Is your school a Response to Intervention (RTI) implementing school?
    o Yes
    o No

The National Center on Response to Intervention lists the following as essential components of RTI: multi-level prevention system, universal screening, process monitoring, and data-based decision making. Please rate how well your school implements the following components of RTI.

	Does not implement	Implements somewhat well	Implements very well
Multi-level prevention system	○	○	○
Universal screening	○	○	○
Process monitoring	○	○	○
Data-based decision making	○	○	○

APPENDIX D

Acceptability Rating Profile – Revised

For the remainder of this survey, you will be asked questions about the use of oral reading fluency. Oral reading fluency is defined as a measure of the rate and accuracy of student reading. Oral reading fluency scores indicate the number of words read correctly and the number of errors in one minute from a grade level passage. Words omitted, words substituted, and hesitations of more than three seconds are scored as errors. Examples of systems that include oral reading fluency include DIBELS® and AIMSweb® Reading CURRICULUM BASED MEASUREMENT(R-CBM). Running records are not considered oral reading fluency for the purpose of this study.

Universal screening is defined as a schoolwide or classwide process of collecting oral reading fluency from each student and the median (i.e., middle) score for both correct words and errors is recorded. This study will gather information about your attitudes towards oral reading fluency used within the context of systems such as DIBELS® or AIMSweb® for universal screening.

Acceptability For Universal Screening

Mrs. Lee is a fourth grade teacher at Woods Elementary. Not all students at this school are reading at the expected grade level. At the beginning, middle, and end of each school year teachers in her school assess the reading skills of all students using oral reading fluency.

In fourth grade, Mrs. Lee collects oral reading fluency data from all of her students. In this test, students read aloud for one minute from three different generic

grade level passages. The teacher counts the number of words read correctly and the number of errors in each passage until one minute is complete.

Words omitted, words substituted, and hesitations of more than three seconds are scored as errors. The teacher records all six scores and selects the median number of words read correctly (and the associate error score) for the final scores.

She then enters the scores into a school-wide assessment database. Soon after this universal screening process, teachers from each grade level meet to discuss the results of this screening and to identify students who are at risk and in need of further assessment and intervention.

The following information was obtained from this assessment:

-The number of words each student read correctly per minute from a grade level passage.

-The number of errors per minute from a grade level passage.

-Categorization of each student into one of three risk categories for later reading failure: low risk, some risk, and high risk.

-Percentage of students in each risk level category for the school and each grade.

Please indicate your level of agreement to the following statements regarding this scenario.

This would be an acceptable assessment strategy for universal screening in reading

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

Most teachers would find this approach to assessment appropriate for identifying students in need of further assessment or intervention

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

This assessment should prove effective in identifying children who need additional instruction

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

I would suggest the use of this assessment to other teachers

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

I would be willing to receive assessment results such as those described with a student transferring into my school district

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

This assessment would be appropriate for a variety of children

- o Disagree Strongly
- o Disagree Moderately

- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

This assessment was a fair way to identify the children at risk for reading failure

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

This assessment is reasonable to use schoolwide

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

I like the procedures used in this assessment

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

This assessment was a good way to handle the child's problems

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

Overall, this assessment would be beneficial for all children

- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly

This assessment is likely to be helpful in selecting students who may need additional intervention
- o Disagree Strongly
- o Disagree Moderately
- o Disagree Slightly
- o Agree Slightly
- o Agree Moderately
- o Agree Strongly